

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Delta Dental Plans Association PAC

ADDRESS (number and street)

1515 W 22nd Street Suite 450

☐Check if different
than previously
reported. (ACC)

Oak Brook

IL

60523

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00213819

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ben Yomtoob

Signature of Treasurer

Electronically Filed by Ben Yomtoob

Date

04

07

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 13

Write or Type Committee Name
Delta Dental Plans Association PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	203715.83
(b) Cash on Hand at Beginning of Reporting Period	203715.83	
(c) Total Receipts (from Line 19)	118.96	118.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	203834.79	203834.79
7. Total Disbursements (from Line 31)	32931.00	32931.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	170903.79	170903.79
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	2000.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 13

Write or Type Committee Name

Delta Dental Plans Association PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)		
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	118.96	118.96
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfer (add 18(a) and 18(b)).		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	118.96	118.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	118.96	118.96

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....			
(ii) Non-Federal Share.....			
(b) Other Federal Operating Expenditures.....	1431.00	1431.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1431.00	1431.00	
22. Transfers to Affiliated/Other Party Committees.....			
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	29000.00	
24. Independent Expenditure (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....			
26. Loan Repayments Made.....			
27. Loans Made.....			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))			
29. Other Disbursements.....	2500.00	2500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share			
(ii) "Levin" Share			
(b) Federal Election Activity Paid Entirely With Federal Funds			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32931.00	32931.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32931.00	32931.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1431.00	1431.00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1431.00	1431.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Delta Dental Plans Association PAC

A.

Full Name (Last, First, Middle Initial)

Levin For Congress

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
primary

Candidate Name
Sandy Levin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Transaction ID: SB23-EX402

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

2500.00

primary

B.

Full Name (Last, First, Middle Initial)

Feingold Senate Committee

Mailing Address PO Box 620062

City Middleton State WI Zip Code 53562

Purpose of Disbursement
Primary 2009

Candidate Name
Russell Feingold

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District:

Transaction ID: SB23-EX395

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

2500.00

Primary 2009

C.

Full Name (Last, First, Middle Initial)

Pete Stark Re-Election Committee

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement
Primary 2009

Candidate Name
Pete Stark

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: SB23-EX394

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

2500.00

Primary 2009

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Delta Dental Plans Association PAC

A.

Full Name (Last, First, Middle Initial)

ROGERS FOR CONGRESS

Mailing Address 700 12th Street NW Suite 700

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Primary 2009Candidate Name
Michael J. Rogers011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: SB23-EX393

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	9

Amount of Each Disbursement this Period

2000.00

Primary 2009

B.

Full Name (Last, First, Middle Initial)

Lucille Roybal-Allard For Congress

Mailing Address PO Box 582

City
KensingtonState
MDZip Code
20895Purpose of Disbursement
Primary 2009Candidate Name
Lucille Roybal-Allard011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 34

Transaction ID: SB23-EX398

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Primary 2009

C.

Full Name (Last, First, Middle Initial)

People for Patty Murray

Mailing Address 122 Maryland Avenue NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Primary 2009Candidate Name
Patty Murray011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: SB23-EX397

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	9

Amount of Each Disbursement this Period

2500.00

Primary 2009

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Delta Dental Plans Association PAC

A.

Full Name (Last, First, Middle Initial)

Hoyer For Congress

Mailing Address 4201 Northview Drive Suite 307

City State Zip Code
Bowie MD 20716Purpose of Disbursement
Primary 2009Candidate Name
Steny Hoyer011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: SB23-EX388

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Amount of Each Disbursement this Period

2500.00

Primary 2009

B.

Full Name (Last, First, Middle Initial)

DAKPAC

Mailing Address 426 C Street NE

City State Zip Code
Washington DC 20002Purpose of Disbursement
PrimaryCandidate Name
Kent Conrad011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District:

Transaction ID: SB23-EX401

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

Amount of Each Disbursement this Period

2500.00

Primary

C.

Full Name (Last, First, Middle Initial)

Senate Majority Fund

Mailing Address 507 Capitol Court NE
Suite 100City State Zip Code
Washington DC 20002Purpose of Disbursement
Primary 2009Candidate Name
Senate Majority Fund011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23-EX396

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	9

Amount of Each Disbursement this Period

2500.00

Primary 2009

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Delta Dental Plans Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends For Harry Reid

Mailing Address 426 C. Street NE Rear Building

City Washington State DC Zip Code 20002

Purpose of Disbursement
Primary 2009Candidate Name
Harry Reid011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District:

Transaction ID: SB23-EX389

Date of Disbursement

01 / 20 / 2009

Amount of Each Disbursement this Period

2000.00

Primary 2009

B.

Full Name (Last, First, Middle Initial)

Grassley Committee Inc.

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Primary 2009Candidate Name
Charles Grassley011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District:

Transaction ID: SB23-EX387

Date of Disbursement

01 / 20 / 2009

Amount of Each Disbursement this Period

2000.00

Primary 2009

C.

Full Name (Last, First, Middle Initial)

Friends Of Chuck Schumer

Mailing Address c/o Tonya Fulkerson
426 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Primary 2009Candidate Name
Chuck Schumer011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Transaction ID: SB23-EX390

Date of Disbursement

02 / 06 / 2009

Amount of Each Disbursement this Period

2500.00

Primary 2009

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Delta Dental Plans Association PAC

A.

Full Name (Last, First, Middle Initial)

Becerra For Congress

Mailing Address PO Box 116

City
Hyattsville

State
MD

Zip Code
20781

Purpose of Disbursement
PRIMARY 2009

Candidate Name
Xavier Becerra

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 31

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23-EX391

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2009

Amount of Each Disbursement this Period

2000.00

PRIMARY 2009

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

29000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Delta Dental Plans Association PAC

A.

Full Name (Last, First, Middle Initial)

The Northern Trust Company

Mailing Address 50 South La Salle Street

City
Chicago

State
IL

Zip Code
60675

Purpose of Disbursement

Federal Taxes

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21b-EX400

Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

1178.00

Federal Taxes

B.

Full Name (Last, First, Middle Initial)

Illinois Department of Revenue

Mailing Address P.O. Box 19008

City
Springfield

State
IL

Zip Code
62794

Purpose of Disbursement

State Tax

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21b-EX399

Date of Disbursement

03 / 16 / 2009

Amount of Each Disbursement this Period

253.00

State Tax

SUBTOTAL of Disbursements This Page (optional)

1431.00

TOTAL This Period (last page this line number only)

1431.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Delta Dental Plans Association PAC

A.

Full Name (Last, First, Middle Initial)

John Lewis For Congress

Mailing Address PO Box 636

City

Annandale

State

VA

Zip Code

22003

Purpose of Disbursement

PRIMARY 2009

Candidate Name

011

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ X

Primary

☐

General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB21b-EX392

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2009

Amount of Each Disbursement this Period

2500.00

PRIMARY 2009

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

